

Name
in
Full

George Wesley Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

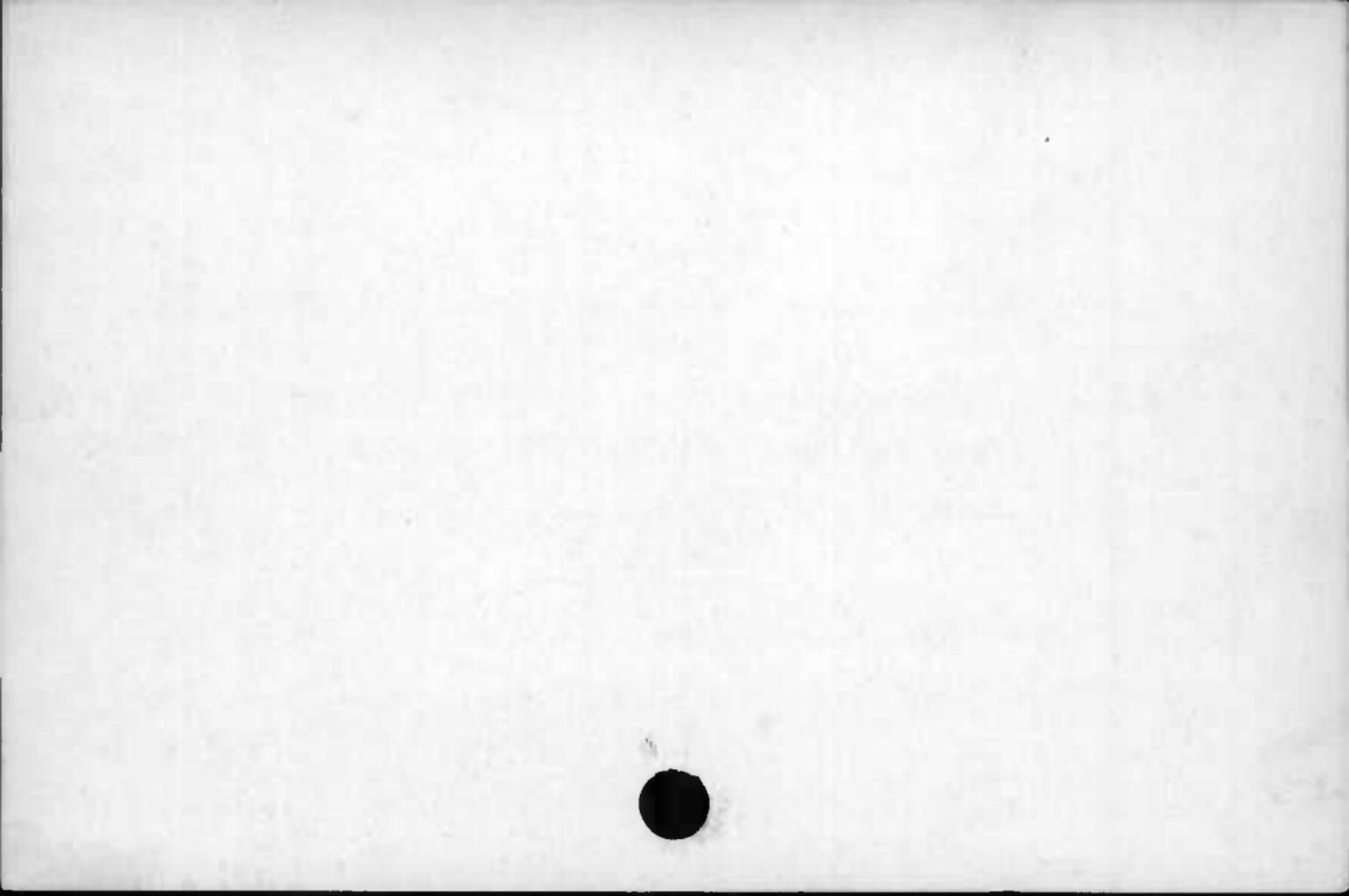
Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	3	26 th	Age 17	8	8
Sex	Male	Color or Race	Colored	Birth-place	McDaniel
Occupation	Farm Hand			Where Residing if not at place of death	Chapel
Married, Single or Widowed				Name of Wife or Husband	
Father's Name	Wm. J. Adams			Father's Birthplace	Talbot Co.
Mother's Maiden Name	Sarah Hannah Drake			Mother's Birthplace	Talbot Co
Name of person giving Information	Sarah H. Adams			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	(21)	How long	one year
Immediate	Cardiac Arrest		How long	1 mo
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	A. Blascock
			Address	37 Michaelson

Accident or Suicide?



Name
in
Full

Amis O'Well Austin

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	near Easton
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	~		
Father's Name	Harriett Austin				
Mother's Maiden Name	Mary J. Burgeles				
Name of person giving information	Charles Austin				
Father's Birthplace Talbot Co., Md					
Mother's Birthplace Talbot Co., Md					
How related to deceased 1/2 Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mental S. Stevens	19	How long	4 years
Immediate	Wm. C. Cushing	19	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	James B. Merritt	
		Address	Easton, Md.	

Accident or Suicide?

15.

Stephen Alexander Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied near

Town

Grappler

County

Salbot

MARYLAND

Date
of death 1906

Month

3

Day

9-

Years

—

Months

3-

Days

19-

Sex MaleColor or
RacenegroBirth-
placeSalem, Md.Married, Single
or WidowedSingle

Occupation

Name of Wife or
HusbandFather's
NameAllen Brooks.Father's
BirthplaceOxford Md.Mother's
Maiden NameMary J DeweyMother's
BirthplaceSalbot Co, MdName of person giving
InformationFrances L DeweyHow related
to deceasedGrand-mother

CAUSES OF DEATH

Primary

Pneumonia93

How long

5 days.

Immediate

Exhaustion

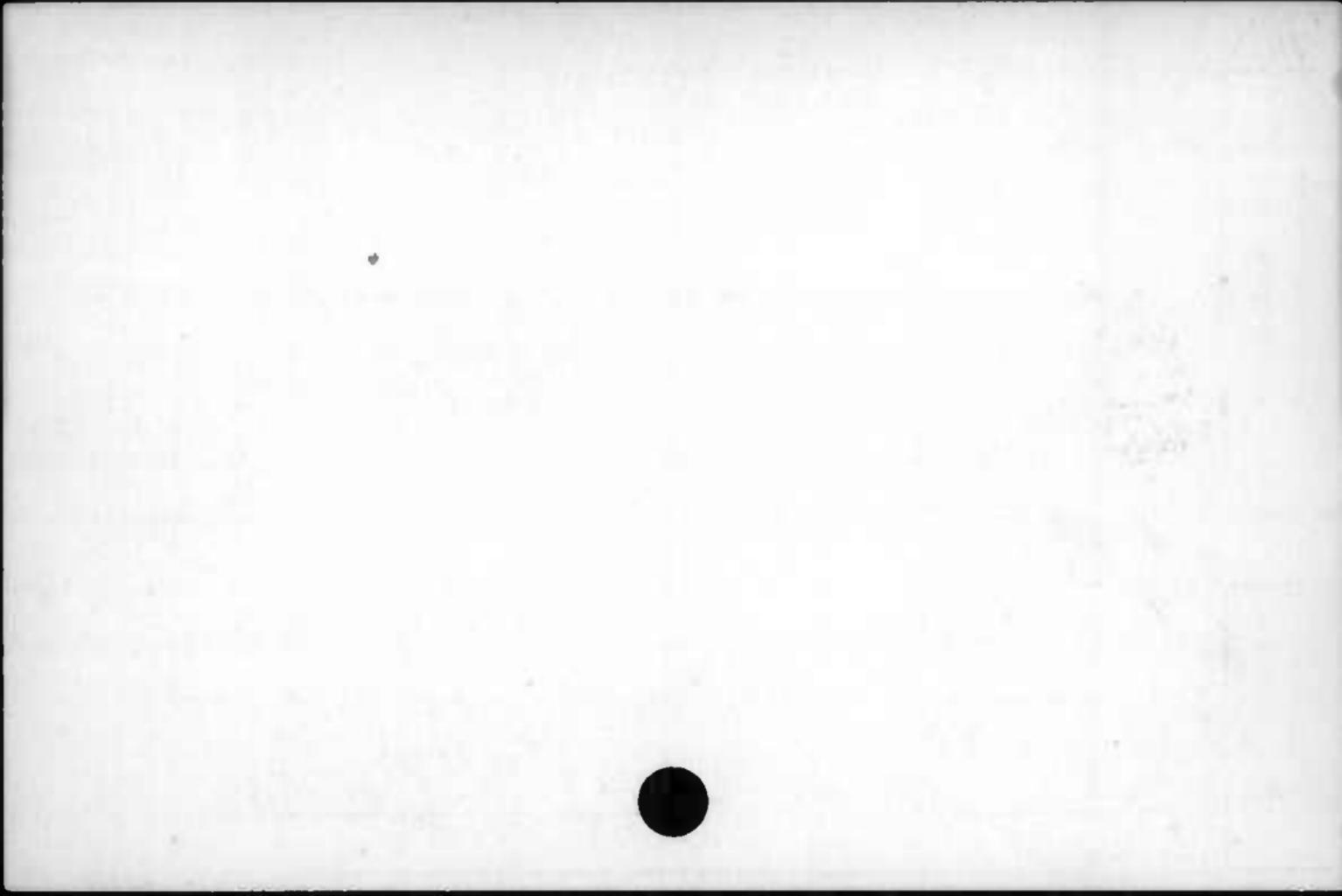
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Joseph A Ross M.D.Grappler, Salbot Co, MdPHYSICIAN
OR CORONERYes

Accident or Suicide?



Name
In
Full

Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died <u>in</u> <u>Easton</u>	Time <u>9:00</u>	County <u>Talbot</u>	MARYLAND		
Date of death <u>1904</u>	Month <u>March</u>	Day <u>28</u>	Age	Years <u>—</u>	Months <u>5</u> Days <u>10</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Talbot Co</u>			
Occupation <u>—</u>	Where Residing If not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>George T. Brown</u>	Father's Birthplace <u>Talbot Co</u>				
Mother's Maiden Name <u>Ida Wilson</u>	Mother's Birthplace <u>Talbot Co</u>				
Name of person giving information <u>Rev. T. Brown</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

6 days

93

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

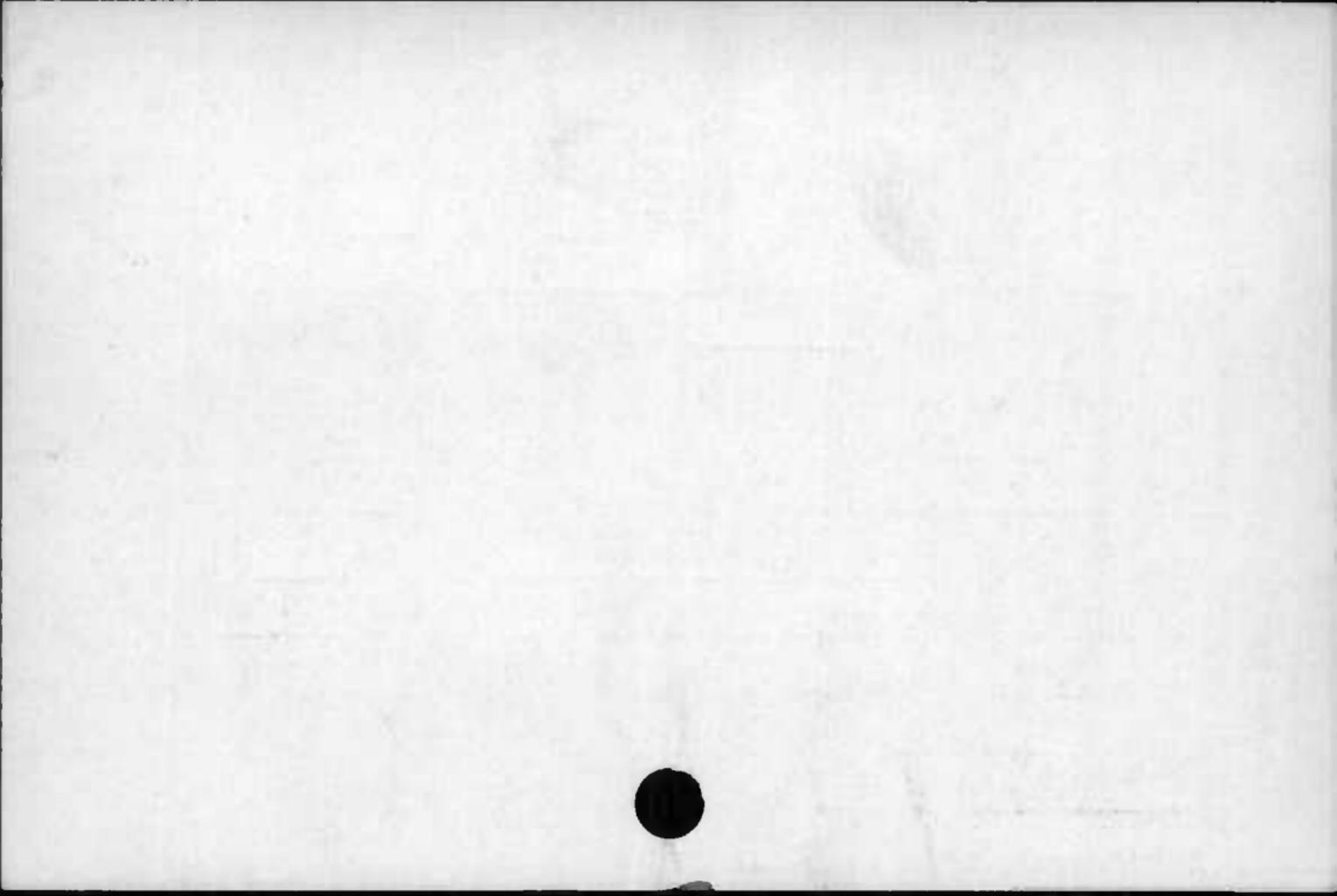
Signature of Physician

J. B. Morris

Address

Easton

Accident or Suicide?



William Hobbs Christian

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
190	March	29	42	4	19
Sex	Male	Color or Race	Black	Birth-place	Virginia
Occupation	Farmer				
Married, Single or Widowed	Married	Name of Wife or Husband	Elmore Christian		
Father's Name	William Christian				
Mother's Maiden Name	X				
Name of person giving information	Elmore Christian				
Where Residing if not at place of death					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hemorrhage in Brain (1)		How long	3 days
Immediate	Exhaustion		How long	few hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Chas. F. Dandam	
Yes		Address	Easter -	

Accident or Suicide?

new chapter 1 Apr

Name
in
Full

Walter Cooper

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mear Easton</u>		County <u>Talbot</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>Mar</u>	Day <u>22</u>	Age <u>2</u>	Months <u>4</u>	Days <u>2</u>	
Sex <u>male</u>	Color or Race <u>colored</u>	Where Residing if not at place of death <u>Hanover</u>				
Occupation <u>—</u>						
Married, Single or Widowed <u>single</u>	Name of Wife or Husband					
Father's Name <u>Thomas Cooper</u>			Father's Birthplace <u>Murintown</u>			
Mother's Maiden Name <u>Margaret Johnson</u>			Mother's Birthplace <u>Talbot Co</u>			
Name of person giving information <u>Margaret Cooper</u>	How related to deceased <u>Mother</u>					
CAUSES OF DEATH						
Primary	<u>Pneumonia</u>			93	How long	<u>7 days</u>
Immediate					How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yes

A. B. Hayward M.D.
Easton
Md.

Accident or Suicide?

Ivy Town 23

Edward Ennalls

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Easton</u>		County <u>talbot</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>29</u>	Years <u>about 70</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Md</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>x</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Zellie</u>	Father's Name <u>Edward Ennalls</u>			
Father's Name <u>Edward Ennalls</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Maryout Jones</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Hester Miller (23)</u>	How related to deceased <u>Granddaughter</u>				

CAUSES OF DEATH

Primary	<u>Prostatis Hemorrhage + Detention</u>	How long	<u>3 weeks</u>
Immediate	<u>Cystitis + Exhaustion</u>	How long	<u>several days</u>

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. R. Triple

Address

Easton

Md

Accident or Suicide?

Mar 25-

Name
In
Full

Mary Anna Eversham

CERTIFICATE OF DEATH

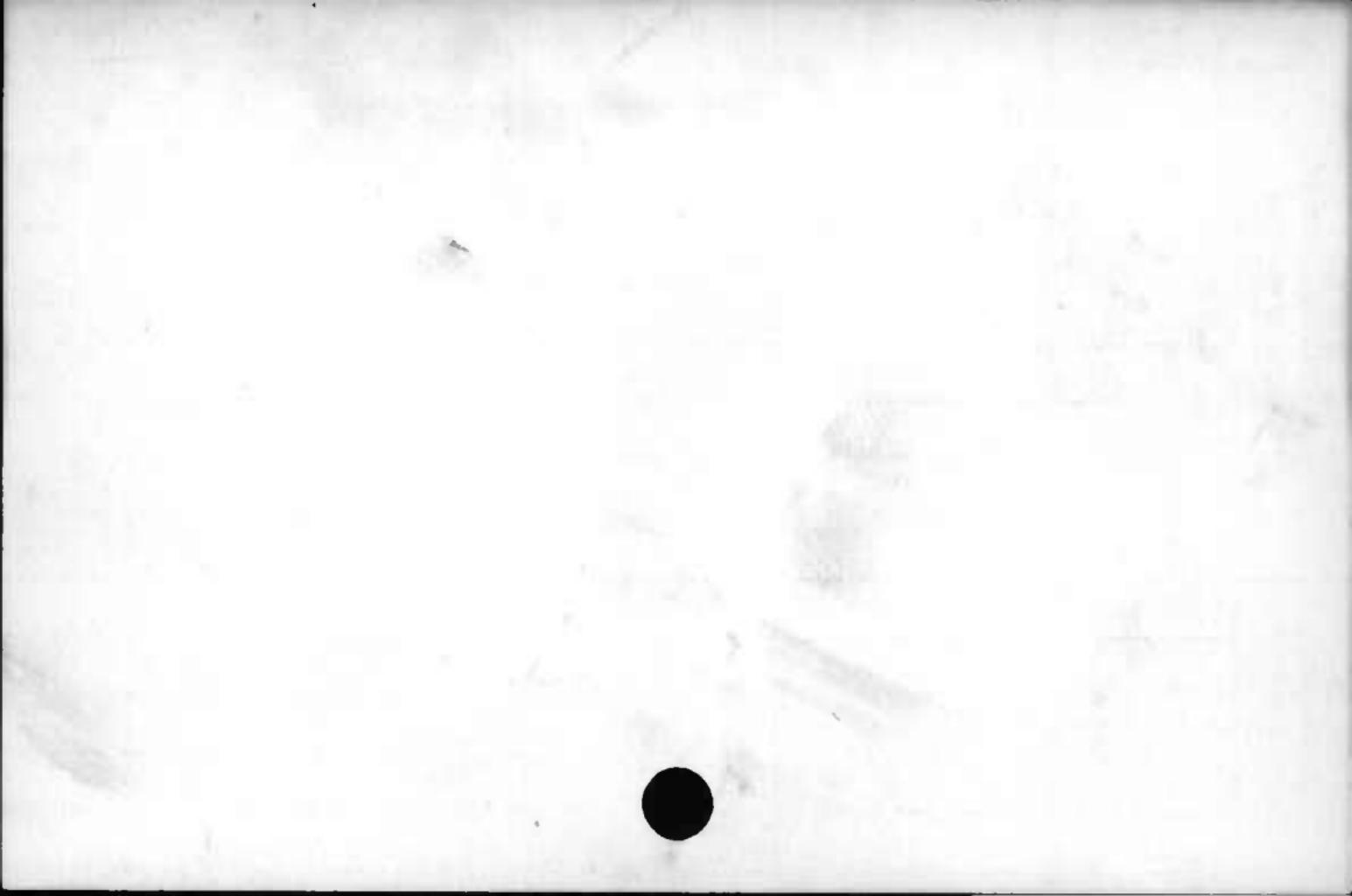
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	3	15	2	8	-	
Sex	Color or Race		Birth-place	Dovey Mills		
Female	White		Dovey Mills	Dovey Mills		
Occupation	Where Residing if not at place of death		Dovey Mills			
Married, Single or Widowed	Name of Wife or Husband		Dovey Mills			
Father's Name	Leonina Eversham		Father's Birthplace	Quincy, Mass		
Mother's Maiden Name	Mary Eversham		Mother's Birthplace	Caroline Co		
Name of person giving information	C. M. Skinner,		How related to deceased	Great Aunt		

CAUSES OF DEATH

Primary	Pneumonia & (93)	How long	7 days
Immediate	Heart Failure	How long	immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Stach M.D.
		Address	Dovey Mills, Md.
Accident or Suicide?			

PHYSICIAN
OR CORONER



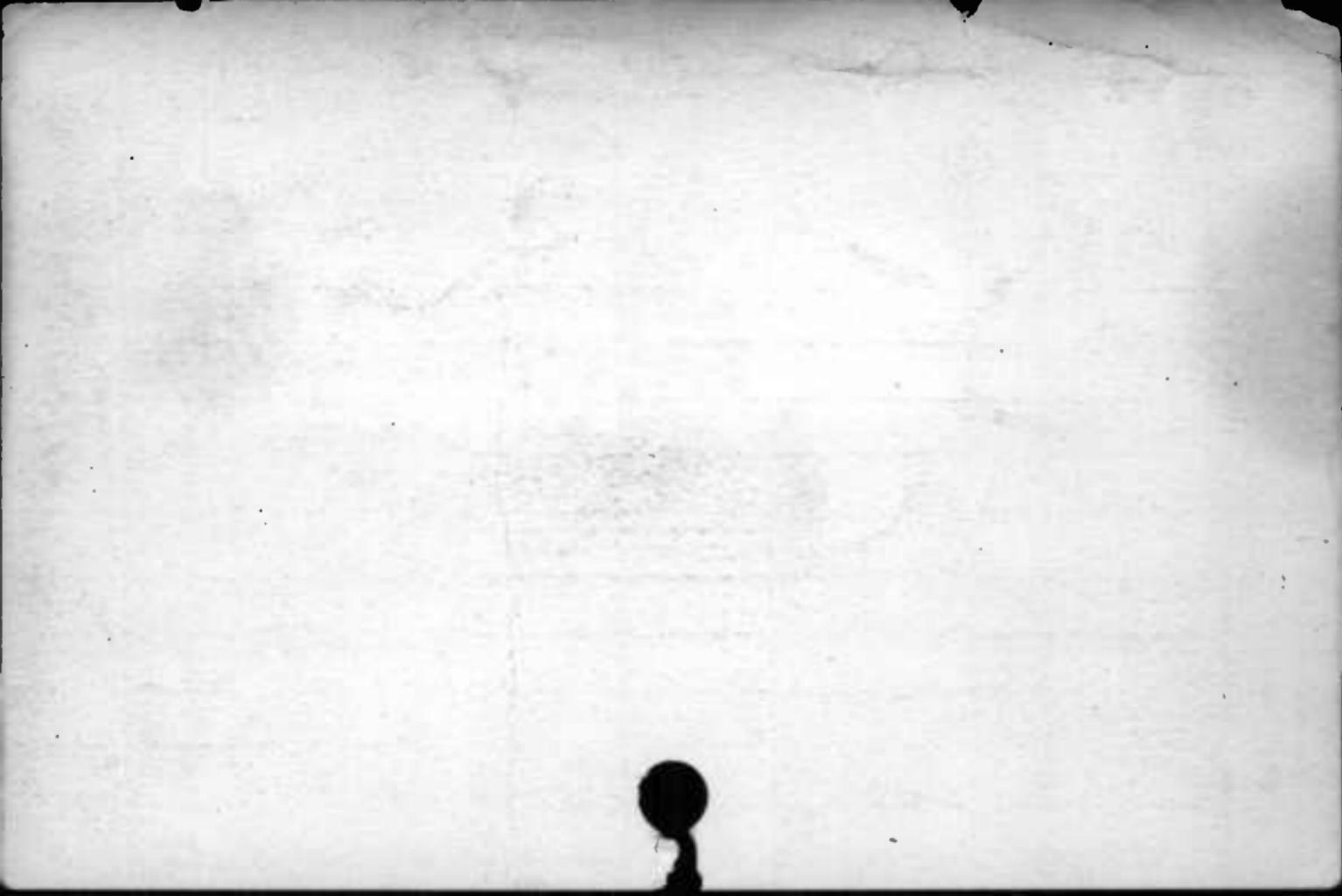
Full
To be ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONERRaymond ^{Russee} Fairbanks

CERTIFICATE OF DEATH

Died at		Town St. Michaels	County Talbot	MARYLAND		
Date of death	Month 1906 March	Day 7th	Years Age 26	Months 8	Days	
Sex	Male	Color or Race White	Birth-place St. Michaels			
Occupation	Clerk in Drug Store			Where Residing if not at place of death Delmar, Del.		
Married, Single or Widowed	Name of Wife or Husband Ethel					
Father's Name	Edward Fairbanks			Father's Birthplace St. Michaels		
Mother's Maiden Name	Mary, Cummings			Mother's Birthplace Bayside, Talbot		
Name of person giving information	Edward Fairbank			How related to deceased Father		

CAUSES OF DEATH

Primary			How long
Immediate	Tuberculosis	(2)	about 5 Mo.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Robert A. Dodson	
		Address St. Michaels Md.	
Accident or Suicide?			



Name
in
Full

Maria Pauline Naomi Fitchett

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Easton

County
Talbot

MARYLAND

Date
of death

1906

Month
3

Day
17

Years
1

Months
8

Days
0

Sex
Female

Color or
Race
African

Birth-
place
Easton

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name
Jas. H. Fitchett

Father's
Birthplace
Va.

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
information

How related
to deceased
None

John N. Slaughter

CAUSES OF DEATH

Primary

Bronchitis

90

How long
3 weeks

Immediate

Exhaeation

How long
One day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

S. O'Neilson
Easton Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>John Goldsborough</i>				CERTIFICATE OF DEATH		
Died at <i>Boston</i> Town		County <i>Boston</i>		MARYLAND		
Date of death <i>1906</i>	Month <i>March</i>	Day <i>21st</i>	Age <i>8</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Talbot Co</i>		<i>Talbot Co</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>Talbot Co</i>		<i>Talbot Co</i>			
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		<i>—</i>			
Father's Name <i>Harry Goldsborough</i>	Father's Birthplace <i>Talbot Co</i>		<i>Talbot Co</i>			
Mother's Maiden Name <i>Mary Gross</i>	Mother's Birthplace <i>Talbot Co</i>		<i>Talbot Co</i>			
Name of person giving information <i>John Blockwell</i>	How related to deceased <i>Cousin</i>		<i>Cousin</i>			

CAUSES OF DEATH

Primary <i>Whooping Cough</i>	⑧	How long <i>Six weeks</i>
Immediate <i>Bacunonia</i>		How long <i>Three weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. L. Trower</i>	Address <i>Boston, Mass.</i>

Accident or Suicide?

Copiar en 2"

Hugh J. Harris

CERTIFICATE OF DEATH

Died at <u>St. Michaels</u>		Town <u>Salisbury</u>		County <u>Wicomico</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>5</u>	Years <u>75</u>	Age <u>75</u>		Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>				Birth-place <u>Baltimore Md</u>		
Occupation <u>Farming</u>				Where Residing if not at place of death <u>Armona</u>			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Armona</u>						
Father's Name <u>Not Known</u>				Father's Birthplace <u>Not Known</u>			
Mother's Maiden Name <u>Not Known</u>				Mother's Birthplace <u>Not Known</u>			
Name of person giving information <u>Charles Gay</u>				How related to deceased <u>friend employe</u>			

CAUSES OF DEATH

Primary

Absoplexy

64

How long

4 weeks

Immediate

Cardiac Asthenia

How long

three days

Are the name, age, sex, color, date and place correctly given above?

yes

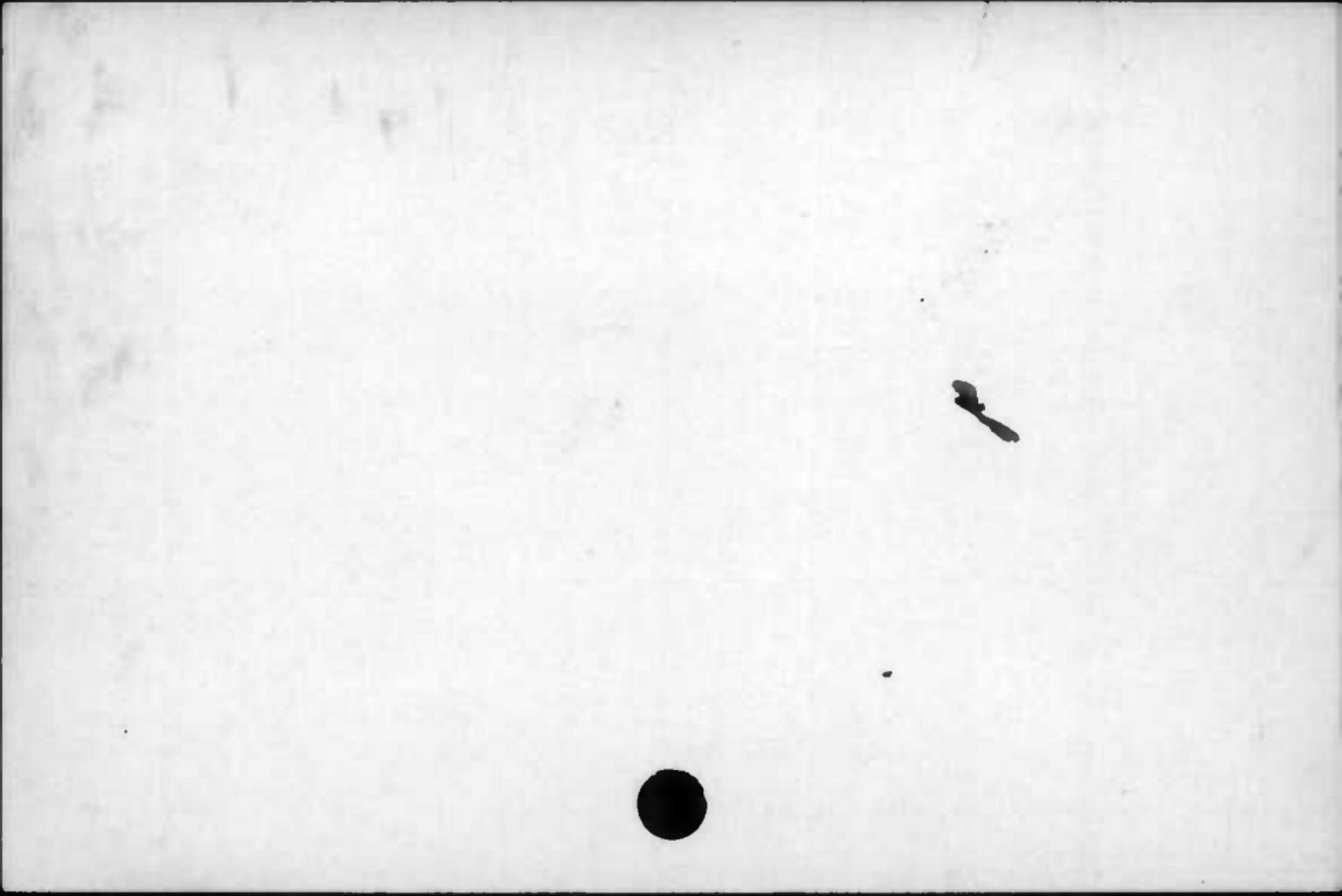
Signature of Physician

A. T. Blascock

Address

St. Michaels Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John W. Jenkins

Died at Easton Town

Talbot County

CERTIFICATE OF DEATH

MARYLAND

Date of death	1906	Month	March	Day	12	Years	0	Months	0	Days	9
Sex	Male	Color or Race	Negro			Birth-place	Easton Md				

Occupation Baley Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name S. J. Jenkins

Father's Birthplace Easton Md

Mother's Maiden Name Vengette Clark

Mother's Birthplace Cambridge Md

Name of person giving information S. J. Jenkins

How related to deceased Father

12

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Infected Umbilicus from dirty ligature How long 9 days

Immediate Tetanus - Convulsions

How long 24 hrs

Are the name, age, sex, color, date and place correctly given above?

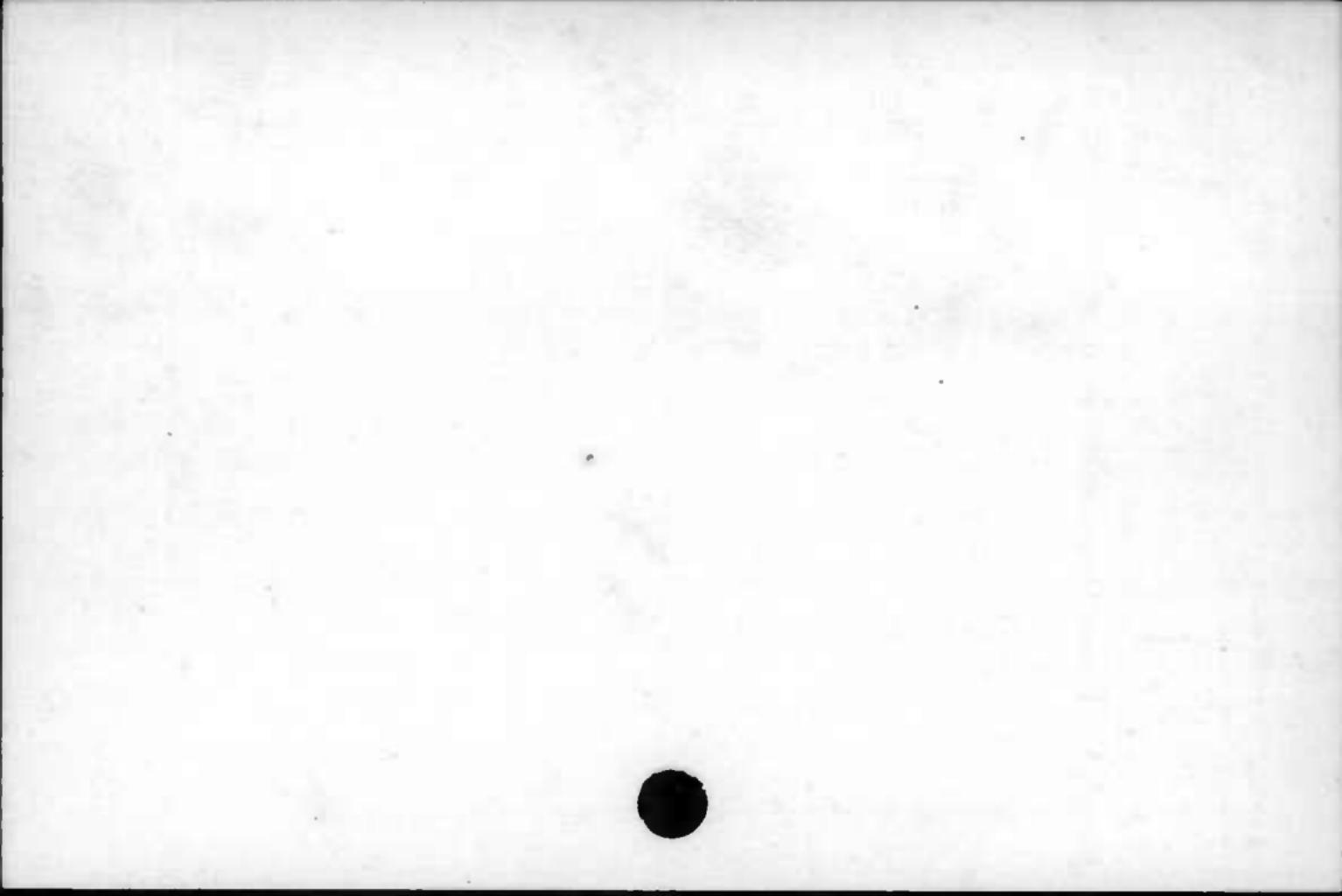
Yes

Signature of Physician

Address

Chas. F. Dandurum
Easton Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Mabel Jones						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	1906	Month March	Day 9	Age one	Years two	Months 0	Days 0
Sex	female	Color or Race	Black		Birth-place	Md	
Occupation	None		Where Residing if not at place of death			<input checked="" type="checkbox"/>	
Married, Single or Widowed	Single	Name of Wife or Husband	<input checked="" type="checkbox"/>				
Father's Name	Howard Jones			Father's Birthplace	Md		
Mother's Maiden Name	Rosie Jones			Mother's Birthplace	Md		
Name of person giving Information	Howard Jones			How related to deceased	father		

CAUSES OF DEATH

Primary	Pertussis	(S)	How long	4 weeks
Immediate	Convulsions	(S)	How long	one day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

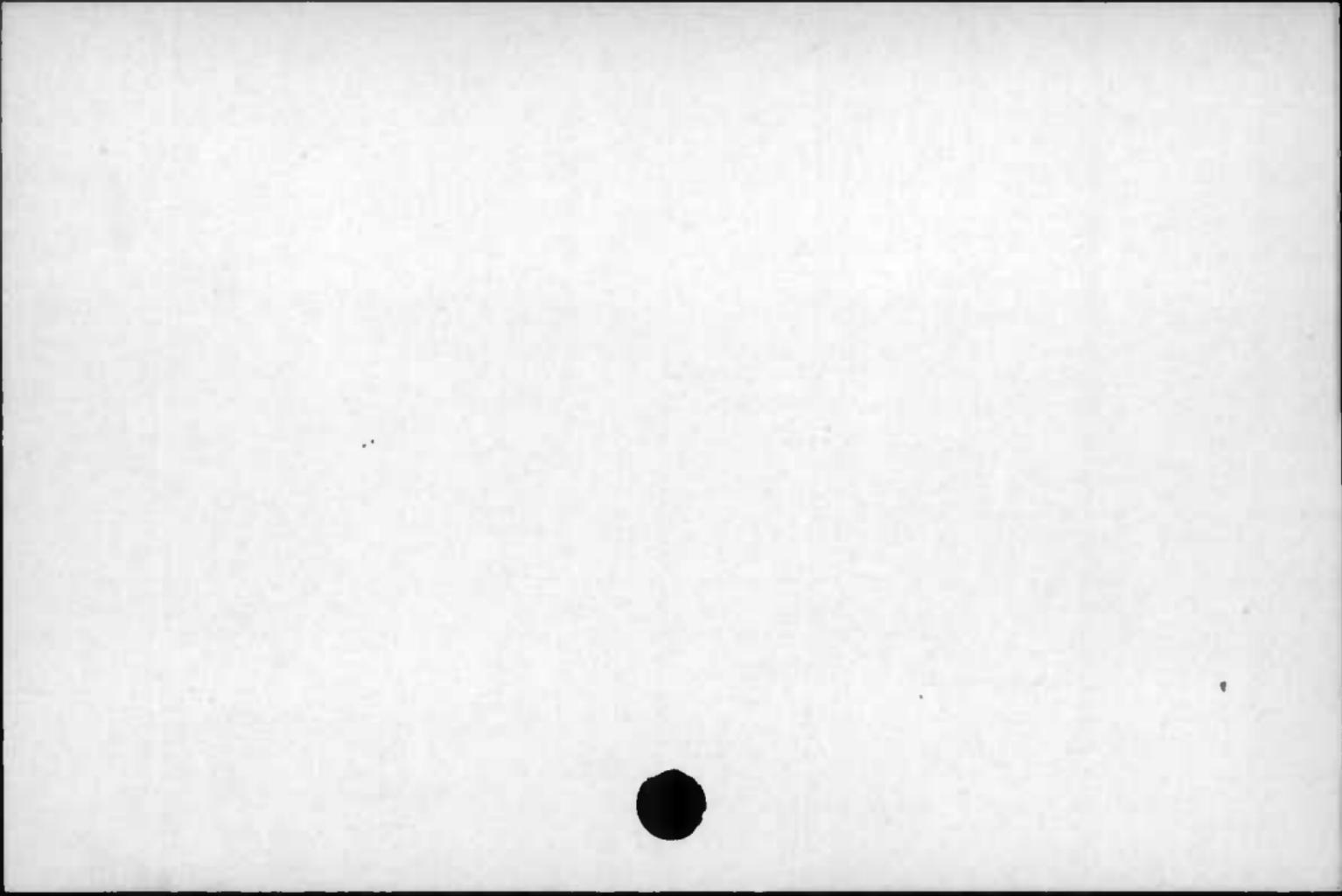
E. R. Ziffle

Address

Easton

Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Anna Maria Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at Wimerville Town Salisbury County
Date of death 1906 Month Mar Day 28 Years 70(?) Months Days

Sex Female Color or Race colored Birth-place Salisbury Co

Occupation Housework Where Residing If not
et place of death

Married, Single or Widowed Widow Name of Wife or Husband

Father's Name James Johnson

Mother's Maiden Name Rosetta ?

Name of person giving information John S. Johnson

Father's Birthplace Salisbury Co

Mother's Birthplace Salisbury Co.

How related to deceased Son

CAUSES OF DEATH

Primary

Nephritis, endocarditis

How long

1 year (?)

Immediate

Pulmonary edema

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. B. Haywood MD

Easton

Md.

Accident or Suicide?





Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Florence Jones					CERTIFICATE OF DEATH		
Died at		Town Oxford	County Salisbury		MARYLAND		
Date of death	1906	Month 3	Day 31	Years 13	Months 8	Days 2	
Sex	Female		Color or Race	Black	Birth- place	Easton	
Occupation	School girl		Where Residing if not at place of death		Oxford		
Married, Single or Widowed	Single		Name of Wife or Husband	Geo Jones			
Father's Name	Geo Jones				Father's Birthplace	Savannah, Ga	
Mother's Maiden Name	Annie Duff.		①		Mother's Birthplace	Salisbury	
Name of person giving Information	Geo Jones				How related to deceased	Father	
CAUSES OF DEATH							
Primary	Tuberculosis				How long	11 Months	
Immediate	Heart failure				How long	2 days	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	S. B. Roberts		
				Address	Oxford Md.		
Accident or Suicide?							



Name
In
Full

Lettie Leatherberry

CERTIFICATE OF DEATH

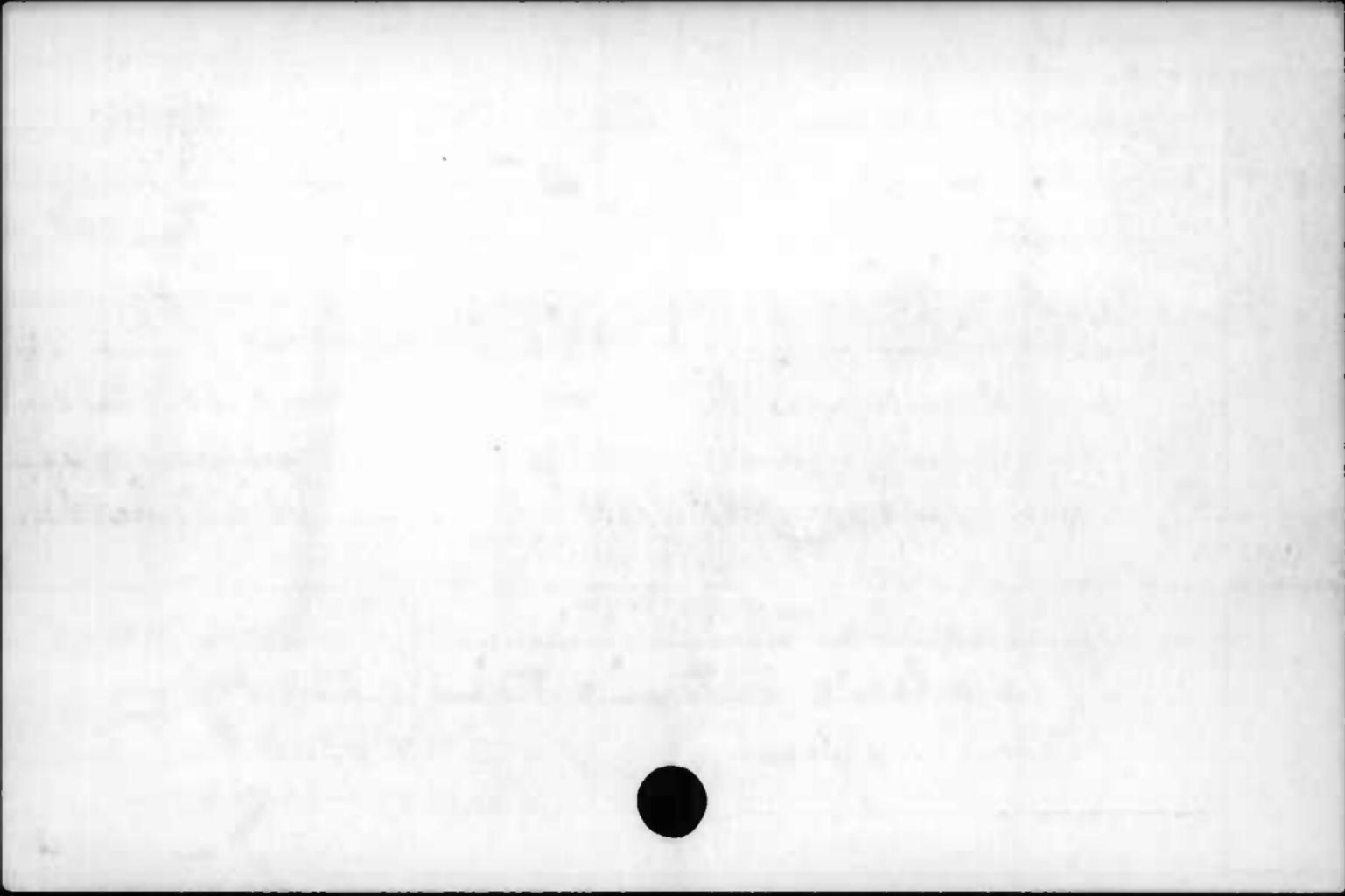
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Trappe	Salisbury			
Date of death 1906	Month 3	Day 27	Age 44	Years	Months
Sex Female	Color or Race Negro	Occupation Housewife	Birth-place Salisbury 6o bed	Days	
Married, Single or Widowed Married					
Name of Wife or Husband					
Father's Name Green Camper	Father's Birthplace don't know				
Mother's Maiden Name don't know	Mother's Birthplace				
Name of person giving information Daniel Leatherberry	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long
Immediate	Exhaustion		5 days -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Joseph A. Cross M.D.
Yes		Address	Trappe, Salisbury 6o bed
Accident or Suicide?			



Name
in
Full

Wm E. Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Queen Anne		Town Talbot County		MARYLAND	
Date of death 1906	Month 3	Day 16 th	Years 76 -	Months 11	Days
Sex Male	Color or Race White	Birth-place Talbot Co Md.			
Occupation Druggist	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Carrie Mason				
Father's Name Andrew Mason	Father's Birthplace Talbot Co Md.				
Mother's Maiden Name Mary Thawley	Mother's Birthplace Talbot Co Md.				
Name of person giving information Henry H. Malone	How related to deceased Sister in law				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

How long

Three Years

Immediate

Alcoholic Intoxication

How long

Ten Days

Are the name, age, sex, color, date and place correctly given above?

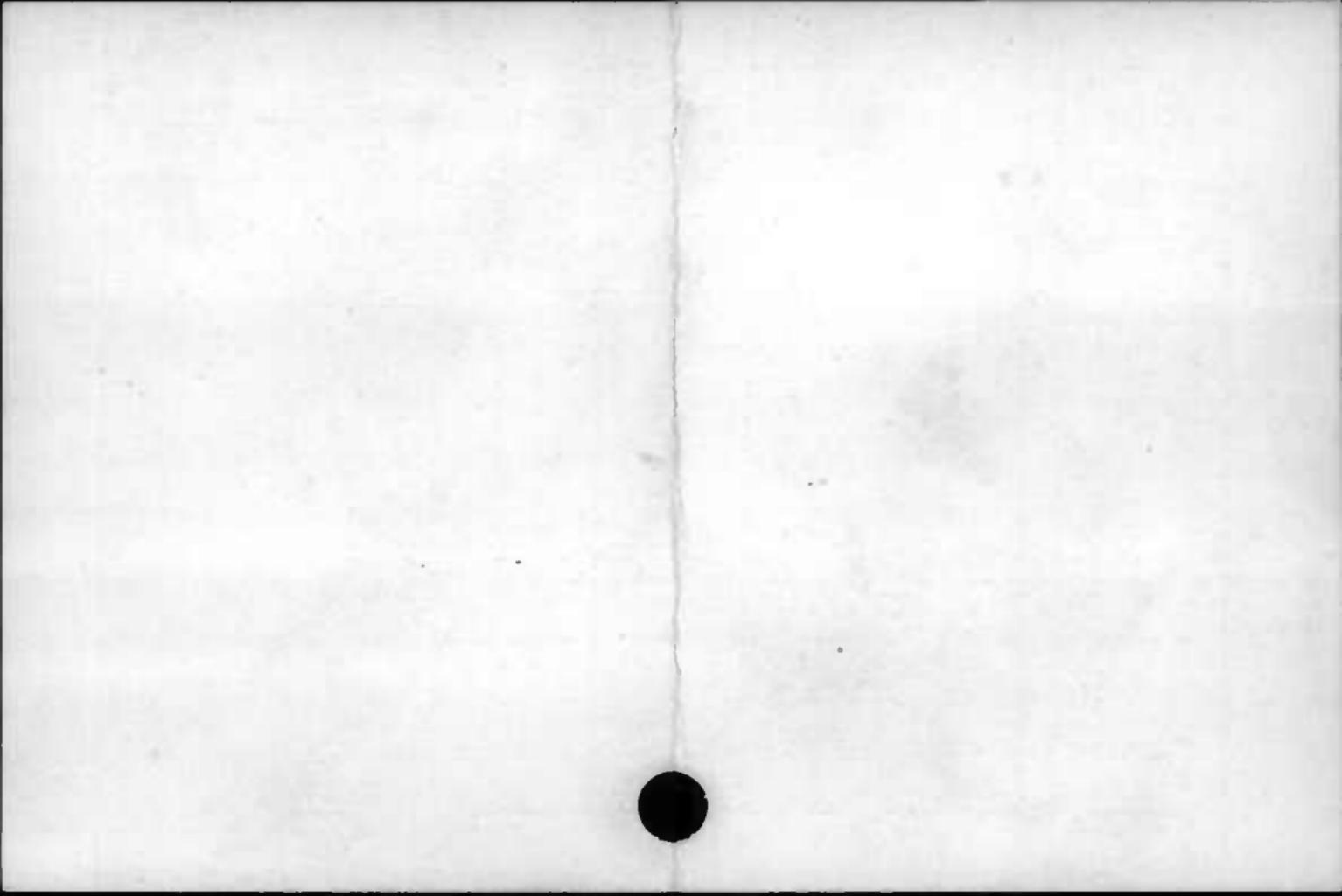
Yes

Signature of Physician

Address

Bobby Hackett
Queen Anne
Md -

Accident or Suicide?



Name
in
Full

Laura Miller

CERTIFICATE OF DEATH

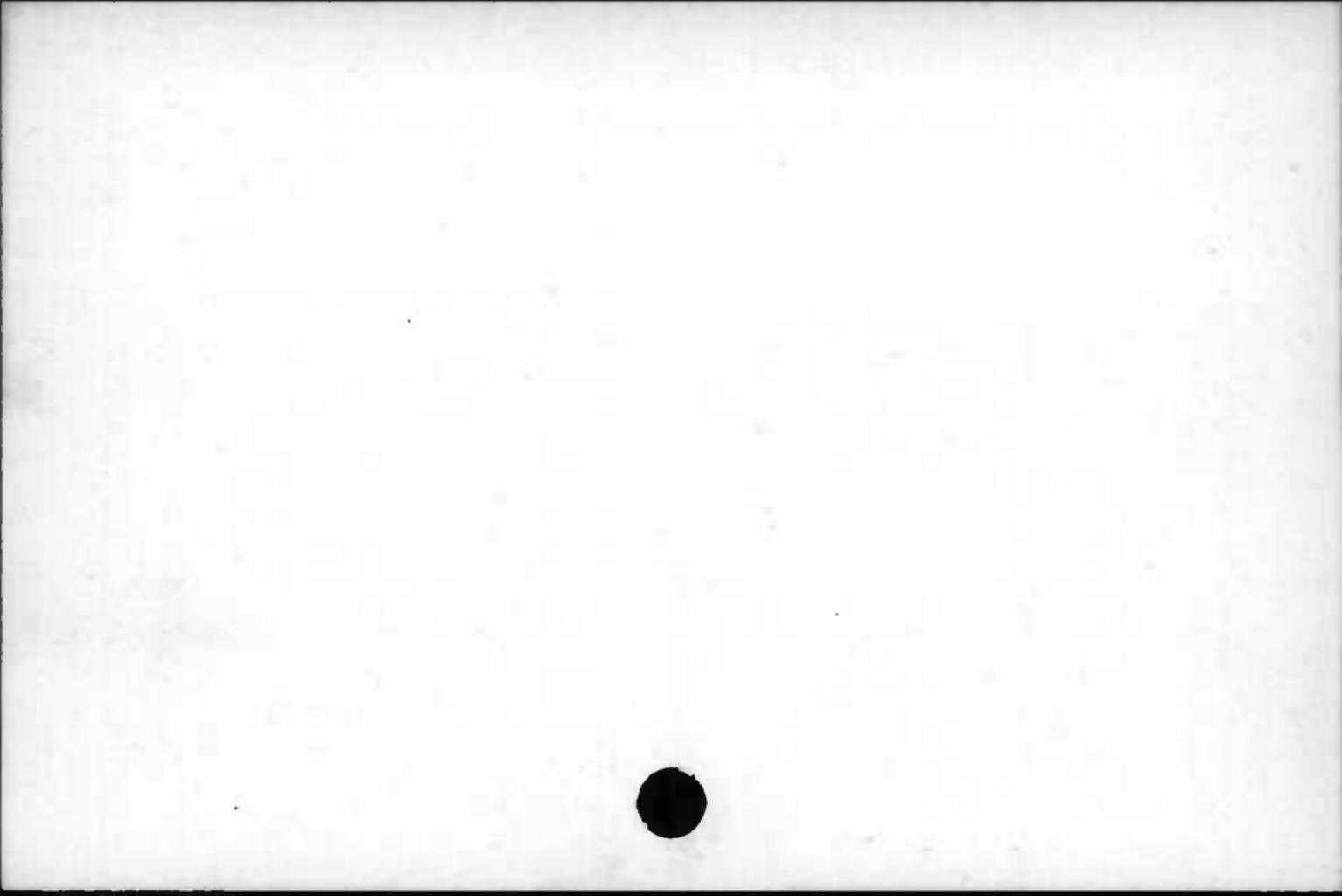
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Easton	Town	Talbot	County	MARYLAND	
Date of death	1906	Month	12	Day	Years	55
Sex	Female	Color or Race	Negro	Birth-place	Talbot Co -	
Occupation	Cook	Where Residing if not at place of death			Easton	
Married, Single or Widowed	Married	Name of Husband Husband	Edw Miller			
Father's Name	Edward Bidgell				Father's Birthplace	?
Mother's Maiden Name	?				Mother's Birthplace	?
Name of person giving information	Joe Dobson				How related to deceased	Son in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Angina pectoris	(10)	How long	not known
Immediate	Heart failure	(10)	How long	few minutes
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Chas. F. Dandur
			Address	Easton, Md.
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at

Town

Trappe

County

Talbot

MARYLAND

Died in year

Month

1906 3 27

Day

Years

Months

Days

Date
of death

1906

Month

3

Day

27

Age

Sex

Female

Color or
Race

Negro

Birth-
place

Talbot Co. Md

Married, Single
or Widowed

Married

Occupation

Housewife

Name of Wife or
Husband

Henry Mills

Father's
Name

John Wilson

Father's
Birthplace

Talbot Co. Md

Mother's
Maiden Name

Agnes

Mother's
Birthplace

" " "

Name of person giving
Information

Alton Mills -

How related
to deceased

son

CAUSES OF DEATH

Primary

Mitral Regurgitation

no

How long

Don't know

Immediate

liver

How long

10 days

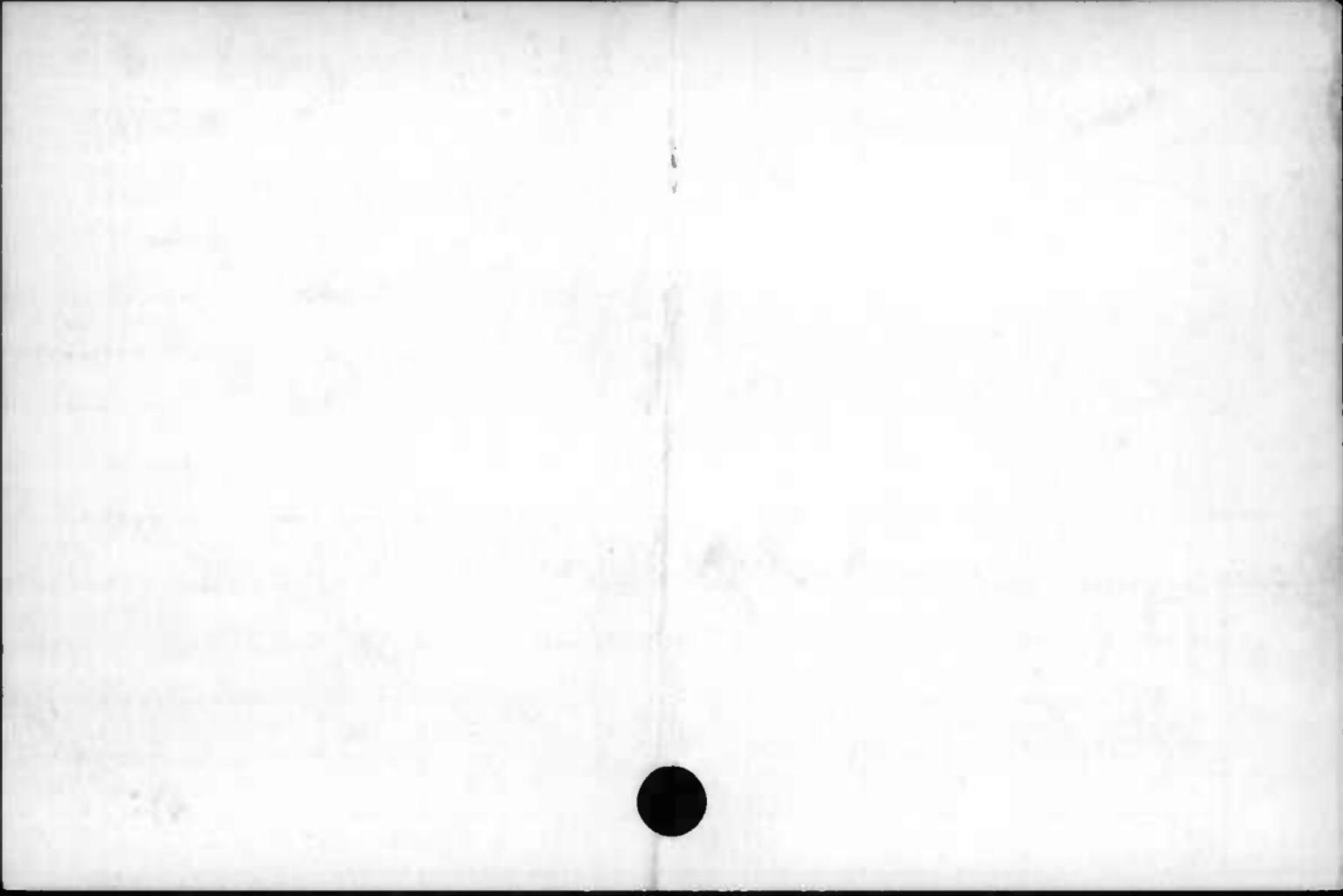
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Joseph A. Rose Jr
Trappe, Talbot Co. Md

Accident or Suicide?



Name
in
Full

Solomon Nichols

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month	March	Day	18	Years	52
Sex	Male	Color or Race	colored	Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Nichols	Father's Name	Father's Birthplace		
Mother's Maiden Name	Maria	Isaac Nichols			Jalbot Co.		
Name of person giving information	Mary Nichols	(64)			Mother's Birthplace		
How related to deceased							
wife							

CAUSES OF DEATH

Primary

cerebral hemorrhage

How long

7 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A.B. Hayward MD

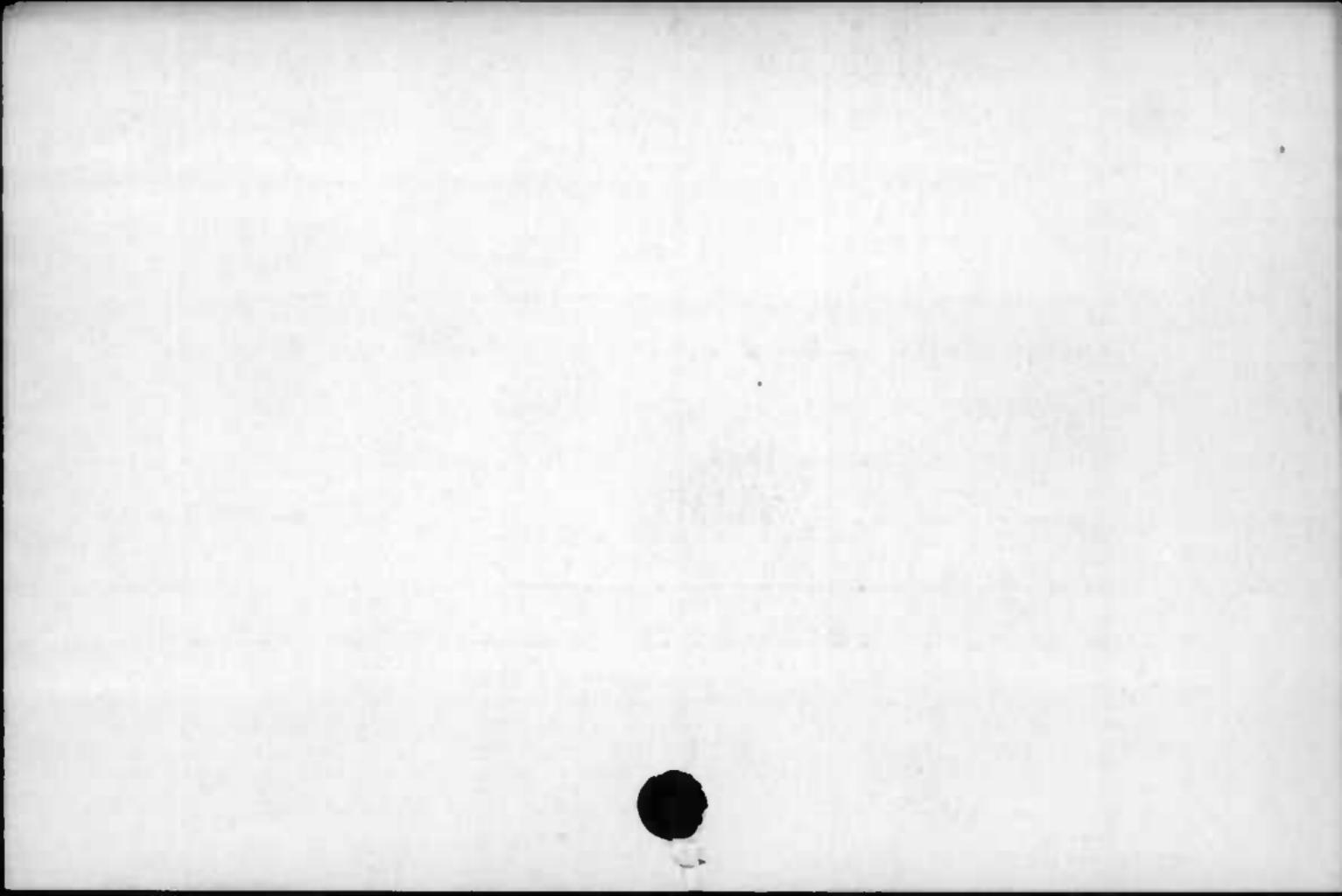
Easton,

Md.

PHYSICIAN
OR CORONER

Al

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died <u>near</u> <u>Dipper</u>		Town <u>Talbot</u>		County <u>Talbot</u>		MARYLAND		
Date of death 1906	Month <u>March</u>	Day <u>9</u>	Age <u>1</u>	Years <u>1</u>	Months <u>1</u>	Days <u>1</u>		
Sex <u>Female</u>	Color or Race <u>Negro -</u>	Occupation <u>-----</u>		Birth-place <u>Talbot Co, Md</u>				
Married, Single or Widowed <u>Single</u>								
Name of Wife or Husband <u>-----</u>								
Father's Name <u>Noah. Dixon</u>					Father's Birthplace <u>Talbot Co, Md</u>			
Mother's Maiden Name <u>Alberta Baupel</u>					Mother's Birthplace <u>" " "</u>			
Name of person giving information <u>Noah Dixon</u>					How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pertussis

(S)

How long

3 weeks

Immediate

Capillary Bronchitis.

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

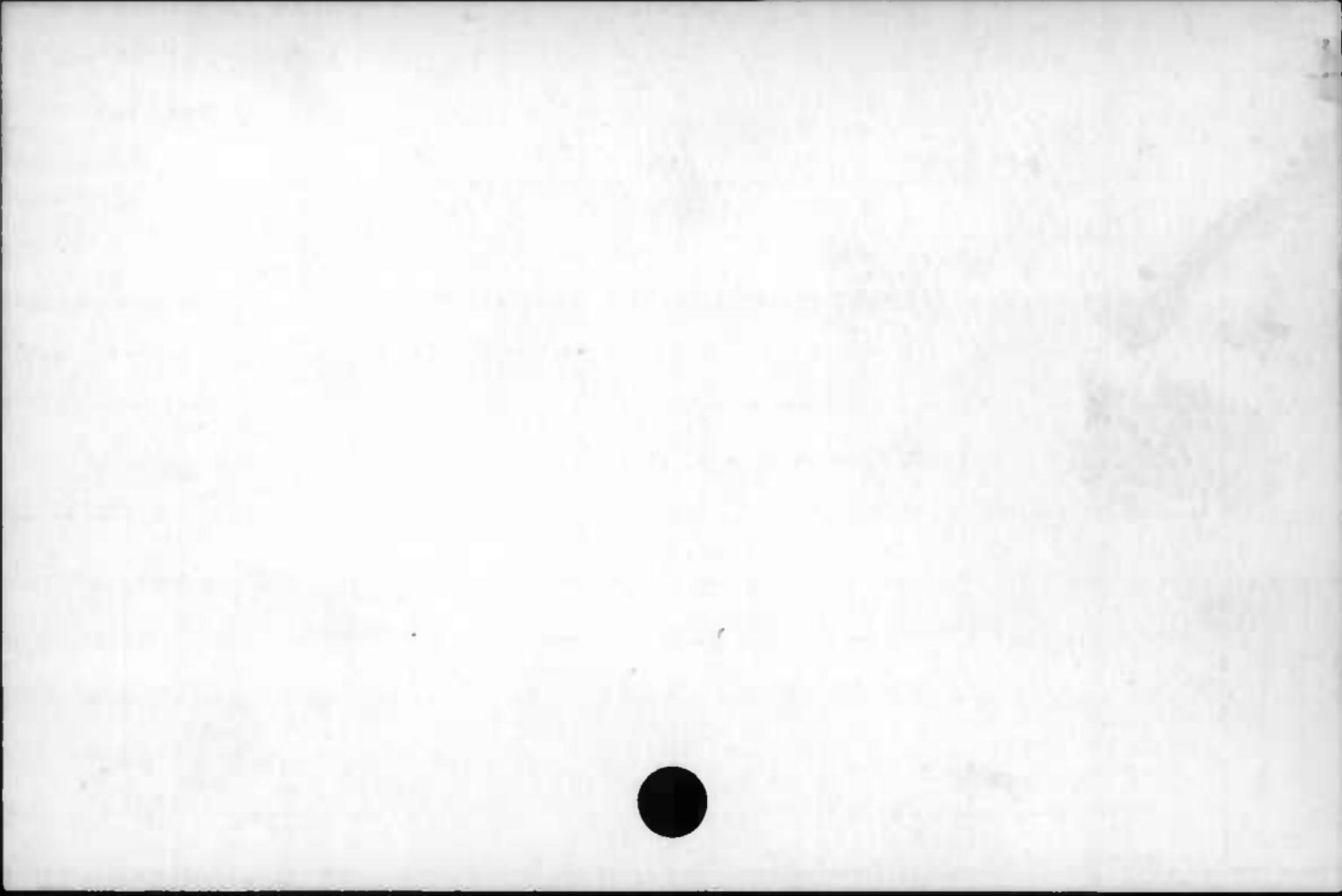
Signature of Physician

Address

Joseph A. Root MD
Talbot Co. Md

Yes

Accident or Suicide?



Name
in
Full

Edward Norman Shortall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>Near Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death	1906	Month	March	Day	26
Age	0	Years	0	Months	3
Sex	Male	Color or Race	White	Birth-place	Near Easton Md
Occupation	Baby	Where Residing if not at place of death			—
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Wm. J. Shortall	Father's Birthplace	Talbot Co. Md		
Mother's Maiden Name	Ethel Neand Andrews	Mother's Birthplace	" " "		
Name of person giving information	M. J. Shortall	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Congestion of Lungs		95	How long	12 hrs
Immediate	Asphyxia			How long	few hrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. J. Danbury		
		Address	Easton, Md.		
Accident or Suicide?					

Buried 3/27
Catholic Cemetery

<u>Mrs. Marcelline Slaughter</u>		<u>Talbot</u>		CERTIFICATE OF DEATH		
Died at <u>Easton</u>		County <u>Talbot</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>3</u>	Day <u>19</u>	Years <u>0</u>	Months <u>4</u>	Days <u>10</u>	
Sex <u>Female</u>	Color or Race <u>African</u>	Occupation <u> </u>		Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u> </u>	Father's Name <u>Nathaniel Slaughter</u>		Father's Birthplace <u>Talbot Co.</u>		
Mother's Maiden Name <u>Fannie Murray</u>	Mother's Birthplace <u>Talbot Co., Md.</u>		How related to deceased <u>Uncle</u>			
Name of person giving Information <u>Jolyn M Slaughter</u>						

CAUSES OF DEATH

Primary

Bronchitis90

How long

3 weeks

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

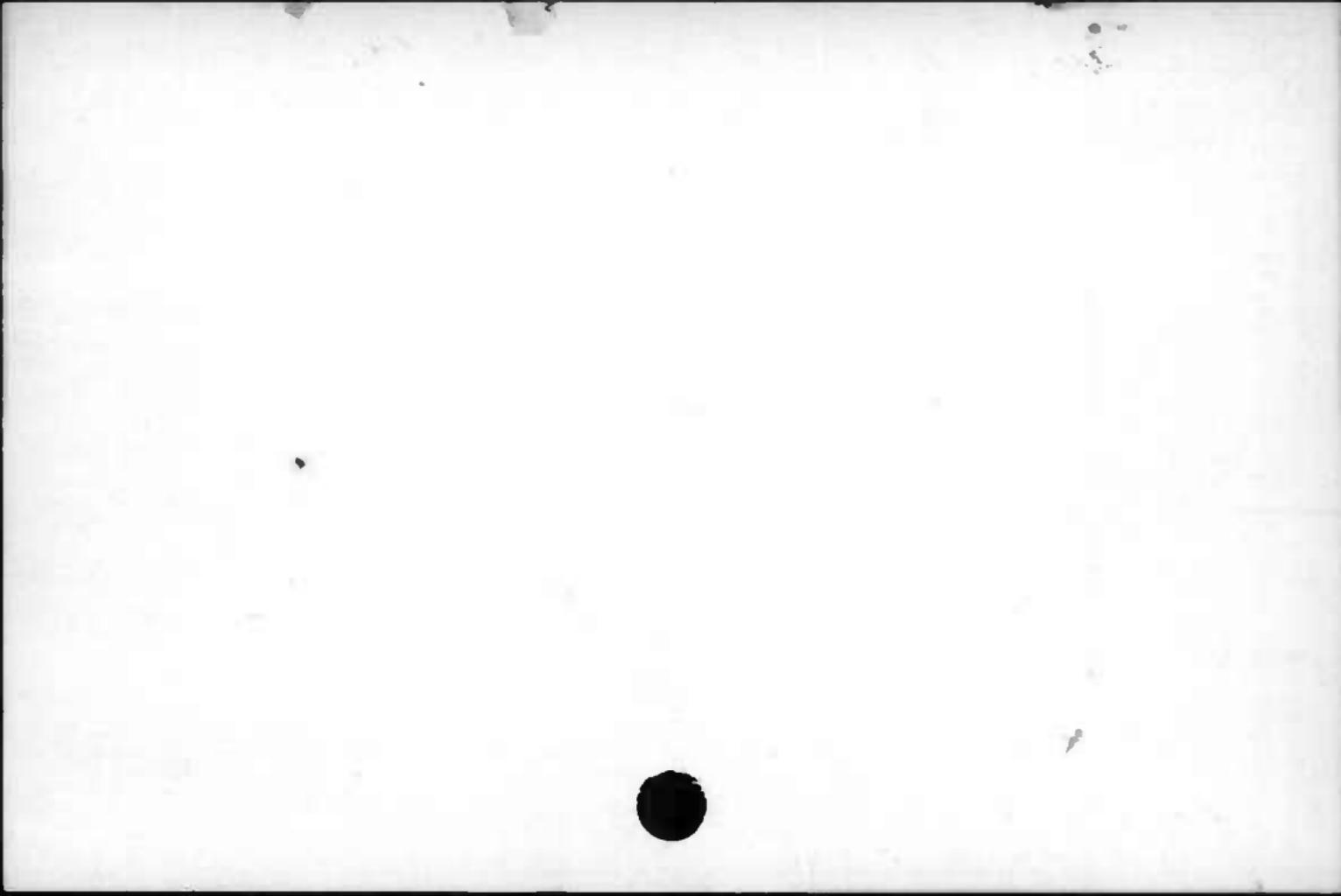
Signature of Physician

S. O. Willson

Address

Easton
Md.

Accident or Suicide?



Name
in
Full

Joseph Richard Small

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Trappe	County Salisbury	MARYLAND		
Date of death 1906	Month 3	Day 15	Age 50	Months —	Days —
Sex Male	Color or Race Negro	Occupation Laborer	Birth- place Salisbury Co Md		
Married, Single or Widowed Married					
Name of Wife or Husband Velia Small					
Father's Name Zachariah Small				Father's Birthplace Salisbury Co Md	
Mother's Maiden Name Mary Anne Eason				Mother's Birthplace Salisbury Co Md	
Name of person giving Information Velia Small				How related to deceased wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Ulcer of the Stomach	How long 103
Immediate Exhaustion	How long 3 months
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Geo.
Address Joseph A Ross Md Trappe, Md	
Accident or Suicide?	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Carroll Smith

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	Month	Day	Age	Years	Months	Days
1906	Mar.	11	white	9		
Sex	male	Color or Race	Occupation			
Occupation		Where Residing if not at place of death				Birth-place
Married, Single or Widowed		Name of Wife or Husband		Mary E Smith		
Father's Name		Joseph T. Smith		Father's Birthplace		
Mother's Maiden Name		Mary E Garrison		Lindens, B.C.		
Name of person giving information		Father		Mother's Birthplace		
How related to deceased				Officer		
				Father		

CAUSES OF DEATH

Primary

Pulmonary Congestion

How long

3 hrs,

95

Immediate

Anaphylaxis

How long

a few minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

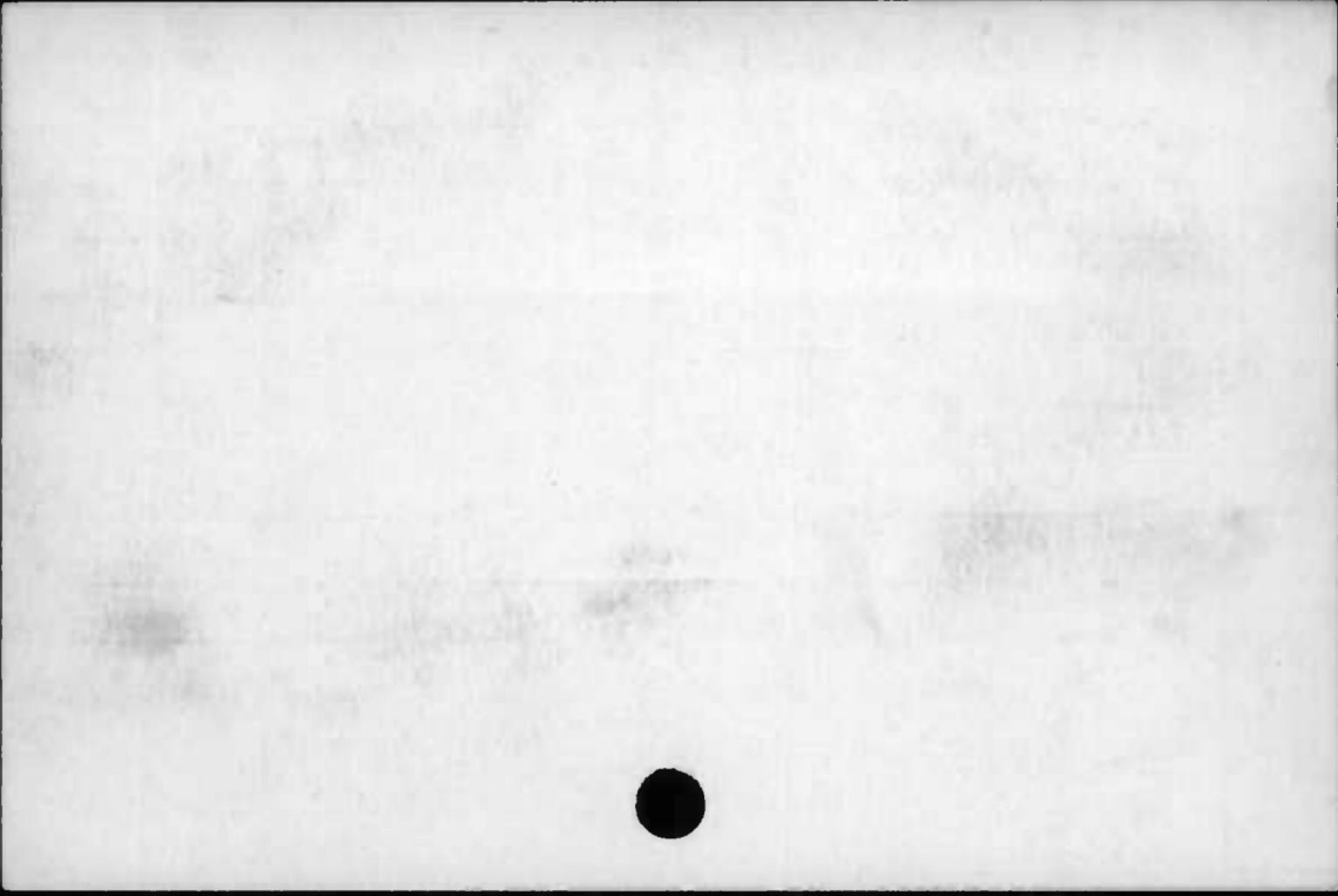
Wm S. Simmons

Address

Trappe, Md.

Accident or Suicide?

no



Name

in
Full

Frederick Harry Franklin Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Boston

Town

County

MARYLAND

Date of death

1906

Month

Day

Years

Months

Days

March 30th

two weeks

Sex

Male

Color or Race

White

Birth-place

Boston.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Father's Name

Harry Taylor

Father's Birthplace

Sussex Co. Del.

Mother's Maiden Name

Ida Hubbard

Mother's Birthplace

Colombia Co. Md.

Name of person giving
Information

(Father) Harry Taylor

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Debility

151

How long

Immediate

Cardiac Arrest

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Dr. C. L. Brown
Boston - Md.

Accident or Suicide?

Mar 29

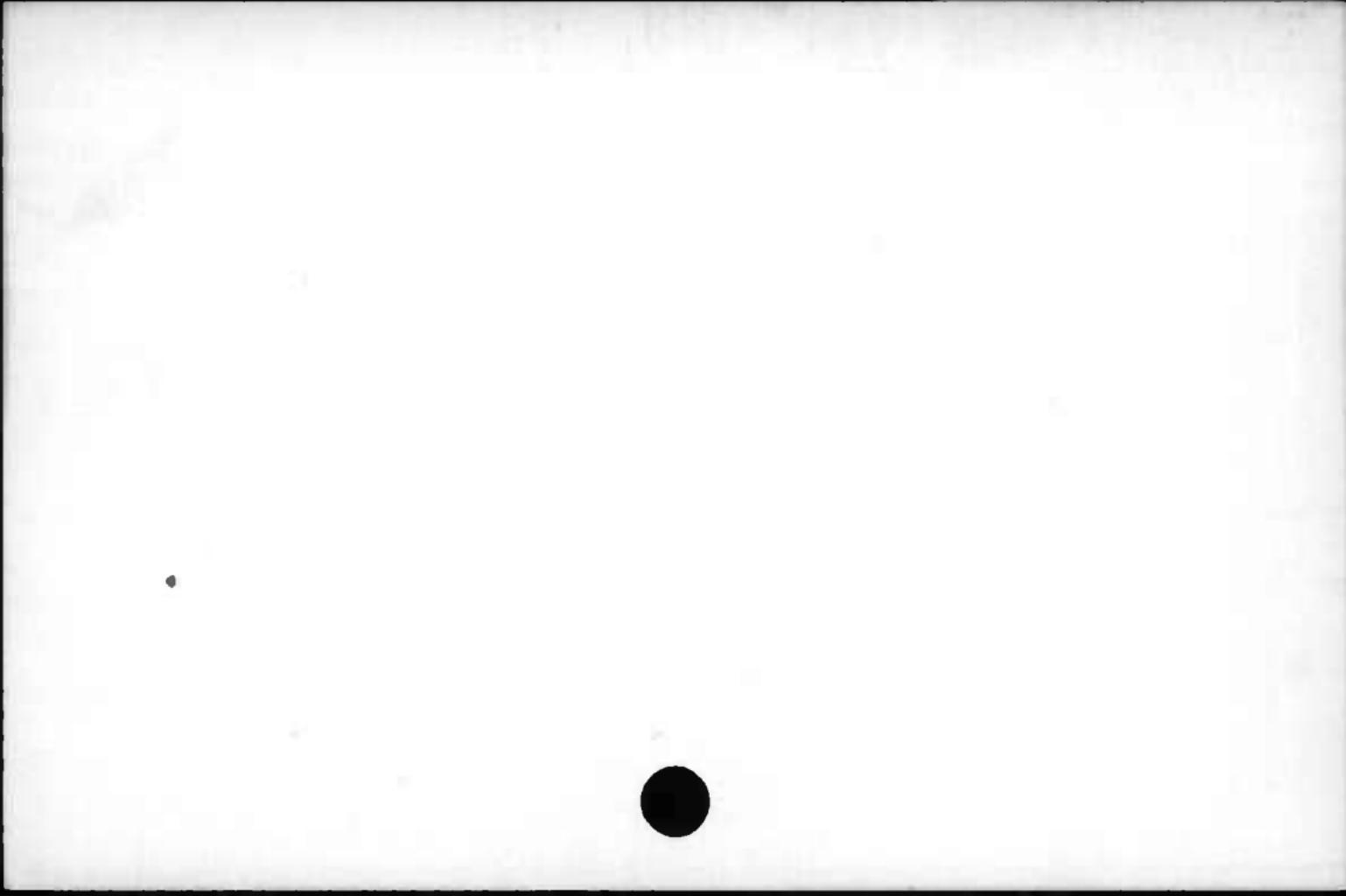
Rose. C. Whittington.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at Oxford		Town Talbot County		MARYLAND	
Date of death 1906	Month 3	Day 9	Years 29	Months 6	Days 29
Sex Female	Color or Race Black	Birth-place Maryland			
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Lucille Whittington				
Father's Name George Warner	Father's Birthplace Md				
Mother's Maiden Name Mary E. Wilson	Mother's Birthplace "				
Name of person giving information R. Whittington	How related to deceased Husband				
CAUSES OF DEATH					
Primary	Tuberculosis of the Lungs			How long Two weeks	
Immediate	Abscess of Lungs			How long one day	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician S. P. Roberts		
			Address Oxford		
Accident or Suicide? —			Signature of Physician S. P. Roberts		

I



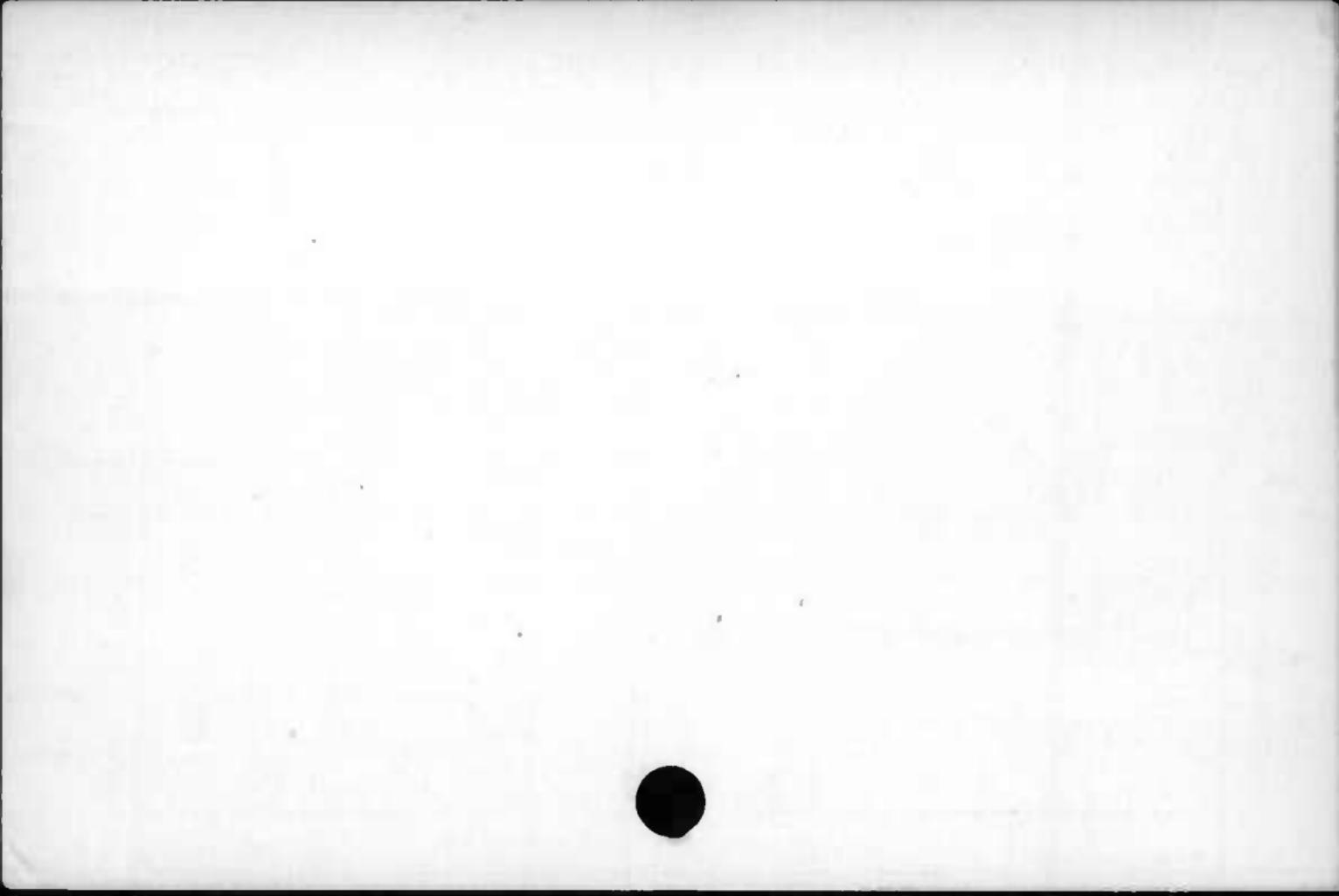
Walter Eugene Wilson.

CERTIFICATE OF DEATH

Died near		Town Trappe	County Talbot.		MARYLAND		
Date of death 1906.	Month 3	Day 7	Age —	Years —	Months 13-	Days 22	
Sex Male	Color or Race Negro		Occupation —	Birthplace Talbot Co., Md			
Married, Single or Widowed Single							
Name of Wife or Husband —							
Father's Name Noah Wilson			Father's Birthplace Talbot Co. and				
Mother's Maiden Name Anna Brown			Mother's Birthplace " " " "				
Name of person giving Information Noah Wilson -			How related to deceased Father				

CAUSES OF DEATH

Primary Pertussis.	⑧	How long 2 weeks
Immediate Pneumonia	⑧	How long 5 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Joseph A. Ross, M.D.
		Address Trappe, Talbot Co., Md
Accident or Suicide?		



Name
in
Full

Mary Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1906	Mar.	29	1 6
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Father's Birthplace		
?			
Mother's Maiden Name	Mother's Birthplace		
Mary Wright	Salisbury		
Name of person giving information	How related to deceased		
Mary Cornish			

CAUSES OF DEATH

Primary

Tubercular peritonitis

How long

(2)

29

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. B. Hayward M.D.

Custon

Med.

?

Accident or Suicide?



Name
in
Full

Mary E. Lager

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Tilghman	Talbot				
Date of death 1903	Month 3rd	Day 11	Years 54	Months	Days
Sex Female	Color or Race white	Birth-place Talbot Co., Md.			
Occupation Housewife	Where Residing if not at place of death Tilghman, Md.				
Married, <u>S</u> or <u>W</u>	Name of Wife or Husband Henry Lager				
Father's Name William Hoadaway	Father's Birthplace				
Mother's Maiden Name Unknown	Mother's Birthplace				
Name of person giving information M. E. Lager	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis	How long 12 hours
Immediate "	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W.W. Chaires
	Address Tilghman, Md.
Accident or Suicide?	

